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Published in

Child Abuse Review, 17 (6), pp. 387-409, 2008.

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Domestic Abuse experienced by Young People living in Families with Alcohol Problems: Results from a Cross-European Study

Abstract

This paper presents findings from the EU DAPHNE-Project ALC-VIOL (2005-2007). The project involved ten EU states (Germany, Austria, England, Finland, Hungary, Ireland, Malta, Netherlands, Poland and Spain). The research involved interviews with young people aged 12-18 from Germany, Poland, Spain, England and Malta, on their experiences of living with parental alcohol misuse and parental violence. The children all had parents involved in treatment for alcohol problems. The study highlights the stressful experiences these children underwent, the effects on them, their coping strategies, and the support that they received and/or wished for, and underlines the need for a more coherent approach to help these children.

Keywords: **domestic abuse, alcohol problems, young people, Europe**

Domestic Abuse experienced by Young People living in Families with Alcohol Problems: Results from a Cross-European Study

The Stress-Strain-Coping-Support model (SSCS, Velleman and Templeton, 2003) suggests from international research (e.g. Orford *et al.*, 2001, 2005; Velleman *et al.*, 2007) that there is a core set of experiences, common across the world, experienced by family members of those with alcohol or drug problems. The model suggests that living in environments where a parent or other close relative misuses alcohol or drugs is very **stress**ful. This stress causes **strain** on the young person, often showing itself through physical or psychological symptoms. The degree of stress is mediated by the **coping** mechanisms utilised, and the level and quality of **social support** available.

Both alcohol problems (Anderson and Baumberg, 2006; Norström, 2002) and domestic abuse and violence (Kelly, 2003; Reid, 2003; WHO, 2005) are a major concern across the world (Pinheiro, 2006; United Nations, 2006; WHO 2008). The four elements of the SSCS model provide a useful structure when looking at the impact on young people of experiencing both alcohol and violence problems within the family.

'Domestic abuse' (Department of Health, 2005; Galvani, 2007a; Humphreys and Stanley, 2006; Itzin, 2006) includes both psychological and physical aggression and violence; and a range of levels of involvement, including witnessing aggression and violence, or being caught up (e.g. intervening to protect someone else), through to being a direct victim. The impact on children of involvement at any of these levels has significant negative consequences.

Although there is no clearly determined causal relationships between alcohol and domestic abuse (Galvani, 2004; Leonard, 2001; Room and Rossow, 2001; Velleman, 2001), alcohol and/or drug problems are often present where there is domestic abuse, and when they do co-exist, there is an increased frequency of domestic abuse, and an increased severity of injuries inflicted (Leonard, 2001). In studies of men in treatment for their substance misuse, around 50% admitted perpetrating domestic abuse within the previous 6-12 months (Schumacher *et al.,* 2003, Brown *et al.,* 1998).

Stress

The term 'stress' is used throughout this paper to describe the negative experiences that children receive. Some of the material within the review which follows comes from the ENCARE website (www.encare.info/ and http://www.encare.info/en-GB/riskyenvironments/)There is a wide range of

negative events that children experience if they live in families where either alcohol problems or domestic abuse exist. These frequently include poor and/or neglectful parenting, inconsistency from one or both parents, having to adopt responsible or parenting roles at an early age, experiencing or witnessing neglect or physical, verbal or sexual abuse, and experiencing high levels of violence (Velleman and Templeton, 2007; Velleman and Reuber, 2007).

These experiences are also very common. It was estimated in the late 1990s (EUROCARE & COFACE, 1998) that there were 4.5-7.7 million children under 15 years of age affected by parental alcohol misuse in the 15 EU countries and Norway (i.e between 6.8%-11.7% of the 60 million children across these countries). UK estimates suggest that the number of children affected by parental alcohol misuse is five times greater the number affected by parental drug misuse (Turning Point, 2006). The parenting skills and behaviours of adults with alcohol problems are significantly impaired: they are frequently neglectful, abusive, unreliable, inconsistent, and violent (Velleman and Templeton, 2007).

The United Nations (Pinheiro, 2006) estimates that extremely large numbers of children (i.e. well over 100 million) either experience violence from and within their families, or witness violence between their parents, on a frequent basis. As well as being the victims of murder or sexual violence, surveys from around the world suggest that physical violence against children in the home is widespread and highly prevalent (up to 40% of children) in all regions (Pinheiro, 2006). It is believed that about 25% of women will experience domestic abuse at some point, with women with children twice as likely to be victims (Walby and Allen, 2004). One report from Britain (McVeigh *et al.*, 2005) showed that in 90% of cases of intimate partner violence, the child is in the same or an adjacent room. Cawson (2002) reported that a quarter of their sample of nearly 3,000 children in the UK had witnessed violence between their parents. The United Nations (Pinheiro, 2006) also estimates that between 133 and 275 million children worldwide witness violence between their parents on a frequent basis.

Strain

The term ‘strain’ is used throughout this paper to describe the range of effects that the stress causes. There are many negative effects on children who live with one or more parents who have serious substance misuse problems. These cover a wide range of short- and long-term harms, including the development of alcohol/drug and/or mental health problems as well as increased risk of behavioural problems, difficulties at school and challenges in developing and maintaining relationships with

peers and others (Christensen, 1995, 2000; Gorin, 2004; Klein, 2005; Klein *et al.*, 2003; Kroll and Taylor, 2003; Lieb *et al.*, 2002; Templeton *et al.*, 2006; Tunnard, 2002; Velleman and Templeton, 2007).

There has also been considerable research into the effects on children if they live in a household where there is significant domestic violence and abuse (e.g. Cawson, 2002; Cleaver *et al*., 1999, 2006; Coleman *et al.*, 2007; Fergusson and Horwood, 1998; Gorin, 2004; Hester *et al.*, 2000; Kindler, 2002; Klein and Zobel, 2001; McVeigh *et al.*, 2005; Mullender *et al*., 2002; Pinheiro, 2006). These studies show that effects on children of being the victims of, and/or witnessing, domestic abuse are at least as severe as the effects of having a parent with an alcohol problem. Barraclough (2001) found that younger children may exhibit a range of responses to witnessing domestic abuse, including crying, screaming, vomiting, fearing going to the toilet and bed-wetting. Their speech and language, attention, and behaviour may all be affected. Kitzmann *et al*. (2003) in their meta-analysis of 118 studies of the psychosocial outcomes of children exposed to interparental violence showed a significant association between the amount of exposure and children's problems. Children who witnessed interparental physical violence had significantly worse outcomes compared to children from verbally aggressive homes. Children who were such witnesses had outcomes which were not significantly different from those of physically abused children.

Parental domestic abuse and parental alcohol misuse are strongly correlated. A study of nearly 300 social services cases in four London Boroughs, involving 120 children, found that a third of the cases involved parental substance misuse, with alcohol misuse present in two-thirds of these cases (sole alcohol misuse and co-existing alcohol and drug misuse) (Forrester and Harwin, 2006). Violence was present in 55 families; in two-thirds of those families, substance misuse, particularly alcohol misuse, was also present. Another study of just over 350 cases from six Local Authorities (Cleaver *et al.*, 2007) reported that the reason for the initial referral was parental violence in 60% of cases, parental substance misuse in half of cases and both problems together in a fifth of cases.

Research suggests that with either family problem (domestic abuse, alcohol misuse), it is often the disruptive behaviour and associated worry for the child that causes most upset (Nicholas and Rasmussen, 2006; Ritter *et al.*, 2002; Velleman and Orford, 1999). There are however additional risks for children if they live with both of these problems simultaneously (e.g. Cleaver *et al*., 1999, 2007; Evans, 2006; Fergusson and Horwood, 1998; Galvani, 2004, 2006, 2007a, b; Gorin, 2004;

Hester *et al*., 2000; Irons and Schneider, 1997; Kemmner *et al.*, 2004; Kindler, 2002; Mullender *et al.*, 2002; Templeton *et al.*, 2006; Velleman and Orford, 1999). What seems to be clear is that if children live with both problems, they are at an even higher risk of a range of negative outcomes, in all areas of health, safety, and emotional and social and development (Cleaver *et al.*, 2007; Galvani, 2006; Malpique *et al.*, 1998; Ritter *et al.*, 2002). If other factors are also present (both parents misusing alcohol, housing problems, unemployment, parental mental health problems, etc.) then the cumulative risk is further increased.

Coping

Children and young people find it very difficult to cope both with parental alcohol problems and with domestic abuse (Buckley *et al.*, 2007; Cleaver *et al.*, 1999; Gorin, 2004; Mbilinyi *et al.*, 2007; UNICEF, 2006; Velleman and Orford, 1999). There is of course no standard way in which children respond to these problems within their families, but one impact of both types of family problems is often that the child becomes hyper-sensitive and hyper-vigilant to the triggers that usually come just before a violent or abusive or drunken incident (Frankel et al, 2000. Some of the main ways that children and young people do cope include 'avoidance', 'discord' or arguing, 'switching off', 'fearful inaction', blaming themselves, and seeking help (Buckley *et al.*, 2007; Gorin, 2004; Velleman and Orford, 1999). Seeking help is very low on the list of ways of coping because the secrecy and stigma associated with both domestic abuse and alcohol and drug misuse can mean that most children are reluctant to share these 'family problems' with others. This is partly because they have usually been 'schooled' by their parents to keep such things secret, partly because they fear that they would be taken away from their families if adults knew what was happening. Velleman and Orford (1999) found that the children of problem drinkers coped in distinct ways which involved a combination of these various individual ways of coping. These overall coping styles included 'fearfulness and self-protection', 'confrontation and self-destructive action', 'fearful involvement with their parent' and 'detachment, internalisation and help-seeking'.

How children cope is especially important: there are continuities between the ways that some children cope with problems in childhood and the types of difficulty that they experience as adults. For example, children who learn to avoid conflict with problematic parents might develop a habitual coping mechanism of avoidance, which might mean that later in their lives they avoid other issues which need to be faced up to in a more assertive manner. In general, children struggle to find a way to cope with what is going on that makes them feel better and safer. At the same time, many children's coping strategies will also be shaped by their desire to protect others in their family, and

also to hide what is going on in their family from others (Buckley *et al.*, 2007; Gorin, 2004; Mbilinyi *et al.*, 2007; UNICEF, 2006).

Support

Most children in families with domestic abuse and/or parental alcohol problems receive little or no support from professional services, or from informal sources (Cleaver *et al.*, 1999; Gorin, 2004). Often this is because the problems are so effectively hidden that others do not know about them. Nevertheless, support can greatly help children and young people to cope more effectively (Kearney *et al.*, 2003). Different forms of support can be helpful, including practical and domestic help, belonging to organised out-of-school activities, and the provision of factual information. Especially valuable is a range of emotional support: having sympathetic, empathic and vigilant teachers, having a hobby or engagement in outside activities which can provide an experience of success, and/or approbation from others, having the presence of a stable adult figure who is not the abuser or substance misuser, having a close positive bond with at least one adult in a caring role (Mullender, 2004; Velleman and Templeton, 2007).

The project ALC-VIOL

Unfortunately, even though there is such a wealth of evidence that children exposed to both of these serious family problems are at great risk, and despite the high numbers of children living in these risky family environments, very few attempts have been made to talk directly to young people about their experiences and needs. Across Europe, there is a dearth of targeted support available for these children, their families and the broad range of professional groups who work with or come into contact with children living with parental alcohol misuse and/or violence.

The European project ALC-VIOL reported on in this paper was designed to collect information from a variety of European countries on the nature of family conflicts and domestic violence *experienced by young persons in families where there are parental alcohol problems*, the resulting problems these young people experience, and their coping and support mechanisms. The full results of the project are reported in Velleman and Reuber, 2007.

Ten EU countries participated in the project: Germany, Austria, England, Finland, Hungary, Ireland, Malta, the Netherlands, Poland and Spain. The ALC-VIOL project is part of a wider group of projects, under the overall ENCARE group (the European Network for Children Affected by Risky Environments within the family; for members and further information see: www.encare.info).

Within the project and the ENCARE group the acronym ChAPAPs is used for Children Affected by Parental Alcohol Problems.

Methods

Sample

The final data set consisted of **45** ChAPAPs: from Germany (n = 21), Poland (n = 10), Spain (n = 6), England (n = 5) and Malta (n = 3), and **12** young people recruited as comparison cases (see Table 1) in order to be able to compare some of the main questionnaire results with results from children who did not have parents with alcohol problems.

Table 1 about here

Recruitment

The starting point for this project was the fact that a parent had an alcohol problem. ChAPAPs were recruited from settings where a parent's alcohol problem was known (e.g. the parent was attending an alcohol service, or the young person was attending a service where their parents' alcohol problem was known to staff. Parents and children were informed that the purpose of the study was to understand the experiences of young people living in a family where at least one parent had an alcohol problem. They were told that the interviewer would also ask about problems and conflicts in the family.

A core methodology was adopted by all the partner countries who participated in the study, although some differences were necessary according to, for example, location, differences in ethical requirements between countries, preferences for recruitment, etc. Full details are provided in Velleman and Reuber, 2007. In each country, parents and children were screened to ensure they met inclusion criteria (below), and that both parents and then children gave informed consent.

The comparison sample was recruited in Germany in connection with a questionnaire study about substance misuse conducted in schools in Cologne. All children aged 12-18 who participated in that questionnaire study also received an information letter and informed consent form to give to their parents and a personal invitation to participate in the study. If parental and child consent was obtained an interview was scheduled at the child's home or at the University co-ordinating the study. Interviews were carried out by trained psychologists.

Inclusion criteria

The main inclusion criteria were that the young person was aged 12-18, had a parent/parental figure who had drunk problematically within the past year but did not have a *severe* mental disorder as the main problem and, had lived together in the same household with the affected parent for at least 6 months out of the past year. In addition, the young person had to be able to participate in the interview (e.g. no lack of language ability) and have had no in-patient psychiatric treatment during the past 12 months.

Data Collection

Data were collected using a specifically developed in-depth interview schedule (Alcohol Violence – Teenager version [ALVI-T]) (available in German, English, Spanish, Polish, Hungarian and Finnish), which included a number of closed, interviewer-coded and open questions, plus five standardised questionnaires. This paper primarily presents the results from four of these questionnaires [Table 2] (alongside a small amount of qualitative data, especially in relation to Coping and Support).

Table 2 about here

Results

The results are aggregated across the countries: the low numbers of participants from most of the 5 European countries means that country-specific comparisons would not be meaningful Country-specific issues and results are reported in Velleman and Ruber (2007) and Templeton et al (2008). Results are presented using the Stress-Strain-Coping-Support (SSCS) model outlined above (Velleman and Templeton, 2003).

Stress

The young people had been exposed to their parent's drinking for a long time, and suffered a great number of negative experiences. For fathers with the alcohol problem, the young people reported that the drinking had been a problem for them since their mean age was 7.96 (SD = 4.24), and that they had been exposed to their father's alcohol problem for an average of 6.63 years (SD = 4.46). For mothers with the alcohol problem, the drinking had been a problem for the young people since their mean age was 10.18 (SD = 3.88), with them having been exposed to it for an average of 5.35 years (SD = 3.77). Responses to the modified CAST are shown in Table 3.

Table 3 about here

In this paper we will concentrate on experiences relating to violence and aggression. A number of CAST items relate to aggression and violence and with virtually all of these items, a high number and percentage of young people ticked them. In addition, 17 out of 30 (57%) (although this is a relatively small sample) said that they had been afraid of their father because of his drinking, and 6 out of 19 (32%) said that they had been afraid of their mother because of her drinking, at some time in their lives.

Tables 4 and 5 show the results of the Conflict Tactics Scales.

Table 4 shows that very high percentages of the sample with parental alcohol problems reported violence between their parents causing injuries, or severe physical assaults, or severe psychological aggression. The level of violence reported between parents was sometimes extreme, including parents passing out and becoming unconscious, having broken bones, and needing to go to the doctor. Other severe physical assaults were reported, including that their parent used a knife, or that they punched/hit the other parent, or that they choked them or slammed them against a wall or burned them on purpose.

Compared to the comparison group, parental relationships in which one parent had an alcohol problem showed considerably higher levels of all forms of aggression and violence. In the comparison sample there are few differences between aggression from fathers to mothers versus mothers to fathers. Within the ChAPAPs sample however, there appears to be more violence and aggression from fathers to mothers than there is from mothers to fathers.

Insert Table 4 about here

There was also a significant interaction between gender and alcohol problems. Males <u>without</u> alcohol problems but in relationships with women <u>with</u> alcohol problems <u>do</u> seem much more likely to be aggressive or violent towards their spouses than do females without alcohol problems who are in relationships with men with alcohol problems. However, males <u>with</u> alcohol problems do not seem to be any more likely to be aggressive or violent towards their spouses than do women <u>with</u> alcohol problems: levels are high in both groups. It is likely that there is a gender specific relationship with respect to violence, as well as an alcohol-related one (Galvani, 2004, 2007a). Both

males and females with alcohol problems tend to be violent towards their spouses; and men without alcohol problems are more likely to be violent towards their problematic spouses, whereas women without alcohol problems may be aggressive but are rarely violent to their drinking spouses.

Table 5 shows that the levels of violence and physical aggression from parents to children were much less than between the parents, although levels of psychological aggression were still very high. Nevertheless, although the levels of violence were lower, when violence occurred it was often extreme, with some children reporting extreme physical assaults: 'Father grabbed me around the neck and choked me', 'Father beat me up by hitting me over and over as hard as he could', 'Father burned or scalded me on purpose'. Many children reported more minor physical assaults and considerable psychological aggression from their parents.

Insert Table 5 about here

In relation to the comparison group, the parents who had an alcohol problem used considerably higher levels of all forms of aggression and violence against the child. In the comparison sample there are few differences between aggression from fathers to children versus mothers to children. Within the ChAPAPs sample, however, there is more violence (although not more psychological aggression) from fathers to children as opposed to from mothers to children.

There was again an interaction between gender and alcohol problems. Generally, fathers without alcohol problems but in relationships with mothers with alcohol problems show similar levels of aggression and minor assault towards their children than do mothers without alcohol problems who are in relationships with fathers with alcohol problems, but these fathers do show more severe and extreme assault towards their children than do mothers (although numbers here are very small). Again, fathers with alcohol problems do not seem to be any more likely to be aggressive or violent towards their children than do mothers with alcohol problems.

There were also very high percentages of children reporting minor (48% from fathers, 35% from mothers), and severe (respectively 21% and 14%) physical assaults. Although extreme physical assaults towards children were not common (12% from fathers, 9% from mothers), when they occurred they had significant effects, such as being injured needing medical treatment, or still being in pain the next day, or having to miss school.

Strain: effects and symptoms

Table 6 shows that 10 out of the 45 young people had a YSR score which placed them within the clinical range, and a further 6 fell within the borderline clinical range, of behavioural and emotional problems. In total therefore, 16 out of 45 young people (36%) reached clinical or borderline clinical levels. Furthermore, 13 out of the 45 young people (29%) reported currently or previously having contact with mental health services. Overall, more than one third of these children and young people had significant problems as measured both by the YSR and by their contact with mental health services.

Insert Table 6 about here

In terms of current alcohol and drug use and misuse, 27 out of 45 (60%) had drunk alcohol in the previous 6 months (50% of boys and 66% of girls; mainly aged 14 and older). Of those 27 young people 26 told us that they drank at a frequency of between weekly and monthly. Correspondingly, drunkenness was rare: getting very drunk occurred on average of 1.27 times (SD = 2.26) over the past 6 months (MD = 0.0, SD = 2.26) and was reported by 12 young people.

4 out of 45 young people (aged 14, 16, and 17) had used cannabis/hashish/marihuana in the past 6 months. All of them used this drug less than once a week, and two used it less that once a month.

Coping

The 15 statements on the KIDCOPE checklist generate 10 coping strategies, shown in Table 7 together with the results for coping in relation to the parental alcohol problems. Table 7 ranks the 10 strategies according to the frequency of use and the effectiveness of each strategy. The majority of the most frequently used strategies were also the ones rated as most effective (Social support, Problem solving, Emotional regulation and Distraction). Conversely the most infrequently rated were generally seen as the least effective (Self-criticism, Resignation and Blaming others). Wishful thinking was the only strategy which was high frequency but seen as relatively ineffective.

Insert Table 7 about here

When KIDCOPE was used a second time by ChAPAPS who also experienced physical fights in their families (n = 23) to examine coping with family violence, the results were extremely similar,

although this time Wishful thinking (both items) was the most frequently used tactic, with Social support being the third most frequently used strategy.

Additional interview questions were asked about how these young people coped. They rarely used just one strategy: the most frequent ways of coping they used were that they leave the room or house where fighting takes place, go to their room to listen to music, visit friends; lock themselves in their room, cry with anger, or take their anger and frustration out by hitting or breaking something.

Many young people told us that they coped by talking to others, but that these other people needed to be carefully selected. For many it was a relative or a friend. Many mentioned how helpful it was to talk with someone who had been through a similar experience. These methods of coping link in with whether the young people had others who provided them with social support, as discussed below.

Support

All except for one boy said that they did have at least one person they could go to who would provide support or comfort if they had problems; 22 of them said that they had 3 or more people they could go to (mean number of "supporters" = 2.84). These people included parents or step-parents, siblings, grandparents, other relatives and friends.

For those who had more than one close person, they were asked to select the most supportive person. Although the whole range of types of person were chosen as the most supportive by at least one person, the largest groups were mothers (n = 17) and friends (n = 8). There were strong sex differences here: 56% of boys selected their mother as their main person, compared with 28% of girls selecting their mother. These young people generally saw their most supportive person every day (69%) or several times a week (11%), or at least once a week (9%).

The young people were also given a list of things which some people find comforting, and asked if any of these gave them comfort and support when they had a problem or were feeling sad. 26 (58%) said that a pet was very or quite important, 19 (42%) said that a fantasy was very or quite important, 16 (36%) said that God/religion was very or quite important, 13 (29%) said that a special object was very or quite important, and 4 (9%) said that a diary was very or quite important.

Almost all of the children and young people (42 out of the 45) had talked to someone about their parent's alcohol problem, and they had usually talked to more than one person (M = 3.1, SD = 1.65). These people most often included a friend (n = 26), followed by the young person's mother (n = 19), a sibling (n = 15), and their father (n = 13).

17 out of the 23 who experienced domestic violence in the home talked to people about it. These people most frequently included their mother (n = 10), followed by a friend (n = 7) and a sibling (n = 7). Again, people tended to talk to more than one person about the domestic violence. Young people told us that "*what I like is that she is understanding, she can see both sides of the situation and is fair in what she says*", *"he reassures me that it's not my fault".*

21 out of the 45 (47%) told us about other things had helped them in the past. Many said that they had needed to 'learn from experience', and it was quite common to hear that young people found that talking to people with similar experiences was helpful. Others avoided the situation, literally or figuratively: *"I moved out of my mother's place to stay with my stepfather … cuddling my cat … playing loud music … dancing in my room … writing poems … praying … going out until they have calmed down."*

The results above relate to 'informal support' from family or friends. The situation with formal or professional help was that many children could not name even one person or place which they could go to, to get help and advice about problems in their family, or where they could talk to someone. The 26/45 young people (58%) who said that they *did* know of at least one person or place could mention very few – usually groups for 'children of alcoholics', sometimes a school counsellor or a doctor. Some mentioned that they knew of a telephone helpline, but that they had not used it. Very few, from only one or two countries, mentioned any specialist professional services for the children of problem drinkers.

The young people also told us about the types of help they would have liked to help them cope. Many said that they would have liked to have spoken to someone from outside of the family. Many wanted practical help, especially at school and in knowing how best to deal with their drunken parent when they were responsible for them: "*especially when I was younger, when I had to carry mum home from the pub".*

Discussion

These ChAPAPs report having lived under considerable **stress** for often long periods, having to deal with family and parental environments where there was serious alcohol misuse, and serious domestic abuse, frequently moving into family violence. They experienced considerable levels of violence and aggression, including psychological aggression, which previous research has shown can be equally as damaging to emotional development as physical violence (Kitzmann *et al.*, 2003; Pinheiro, 2006). These stressful experiences have been commonly reported in the previous literature.

There was a complex interaction between gender, alcohol problems, and abuse. Children of parents with an alcohol problem reported considerably higher levels of all forms of aggression and violence against themselves than did children in the comparison group. Children with fathers who had alcohol problems reported more violence towards themselves as compared to those with mothers with alcohol problems, although there was no difference in levels of psychological aggression. Men with alcohol problems were equally as aggressive or violent towards their spouses as were women with alcohol problems towards their spouses. On the other hand, men who did *not* have alcohol problems themselves but were in relationships with women who *did* have alcohol problems were much more likely to be aggressive or violent towards their spouses. The converse was not the case: women who did *not* have alcohol problems but were in relationships with men who did, were no more likely to be violent towards their spouses.

There is a major debate about gender and interpersonal violence (Kruttschnitt *et al.*, 2002; McHugh, 2005; Throsby and Alexander, 2008); these results demonstrate that the addition of problematic alcohol consumption further complicates the issue, as Galvani has noted (Galvani, 2004, 2007a). Further research is needed in this area.

There was also considerable **strain**: 36 per cent of the sample reached borderline clinical or actual clinical levels of behavioural and emotional problems and 29 per cent also had contact with mental health services. In general, young people found it terribly difficult to **cope** in very helpful ways. Although a wide range of coping strategies and tactics was reported, most young people often were left feeling extremely angry, frustrated, and very sad. Many frequently used coping strategies are also the most effective: seeking social support, trying to sort the problem out as well as they could, distracting themselves, trying to control their feelings; although some less effective coping strategies were also used, especially wishful thinking.

There was a wide range of people from whom these young people gained **support**, mainly family and friends, and it is known that such support is an important component of resilience (Velleman and Templeton, 2007). On the other hand, very little focused professional support was available to help these young people. Most young people were able to tell us about ways in which they could have been offered more support in the past, and how that would have been extremely helpful and might have made coping with these problems a little better.

Due in part to the many problems (discussed within Velleman and Reuber, 2007) related to ethical and other concerns raised both by organisations and by local ethical committees across our partner countries, only five out of our 10 countries were able to participate in the data collection phase. This contributed to the study having a relatively small sample size which, among other effects, meant that no meaningful country comparisons were possible, although each partner country is looking at their country-specific data. Replication of this work with a larger sample to enable such comparisons to be made is therefore vital. This paper has therefore focused on the aggregate results and the discussion focuses on the overall implications across these various EU countries.

Implications for policy and practice across Europe

The project was an innovative one that served as a pilot study, clarifying the obstacles in place when conducting cross-European research on such sensitive topics. (Further issues about research across Europe and implications for policy and practice are contained in Velleman and Reuber (2007)). The study made significant contributions on a number of levels. Methodologically, it developed the ALVI-T interview schedule and translated it into 6 European languages; and it clarified issues which need resolution across the EU such as standardising research ethical procedures and other child-research issues such as who can give parental consent or the need for researchers to report abuse when it is revealed in research interviews). It also provided important data on this little-researched topic, and developed recommendations for both research and practice.

Although problems as outlined above arose and impacted on the research design and the eventual sample size, the results from this project show how important it is to develop guidelines to advance the practice of prevention and intervention in the area of alcohol problems and domestic abuse within the family. This hidden group of children and young people is at great risk, and it is vital that we get to know and better understand how best to help these children. It is also important to better understand how it is that some of them appear to be resilient (Velleman and Templeton, 2007). If we could better understand resilience, we would be better able to assist those children who are not

'naturally' resilient, and would be able to develop vastly superior prevention and intervention tools for that work.

The young people we interviewed told us that they had rarely been offered help in their own right to deal with their parental alcohol misuse problems and domestic abuse. It is clear that a number of improvements are needed to ensure that such young people are able to access help, both in individual countries and across the European Union as a whole. Some of these improvements are that:

- ChAPAPs need greater public and professional attention and support.
- The present knowledge (Velleman and Templeton, 2007) about reducing risk factors and increasing protective ones for these young people must be applied.
- Interventions for people with alcohol and/or violence problems must be family-oriented, and must be implemented in a comprehensive and coordinated manner.
- The small number of prevention and treatment approaches for ChAPAPs developed internationally should be evaluated within a European context and in cases where there is good evidence, introduced to all EU-25 countries.
- Generalists who work with children and young people (GPs, teachers, youth workers, child protection services) must be informed about the needs of ChAPAPs and trained to intervene effectively. This could be assisted by the development and production of guidelines for a range of generalist professionals across Europe, outlining comprehensive, evidence-based help and support for ChAPAPs, alongside the manualisation of basic approaches so that they become easy to apply.
- Young people reported that talking to others who have had the same or similar experiences or problems in their families is helpful. They seem to find it helpful to realise that they are not alone. Yet, such self-help groups are rare, and even those that do exist are not well publicised or funded. An important task is to improve young people's access to existing and future groups for ChAPAPs, and to offer professional support to these groups.

Alongside these implications for work with children affected by parental alcohol or domestic abuse problems, more standardised procedures across Europe relating to ethical approval, parental consent, and mandatory reporting to child protection institutions should be adopted, in order to assist future research of this type across Europe.

Conclusions

Children living in families where one or both parents misuses alcohol face many adversities. This research has shown how, in many of these families, children witness significant domestic abuse and inter-parental violence, and suffer a much greater incidence of physical violence and emotional abuse themselves. Although a wide range of coping strategies and tactics was reported, most young people told us that it was extremely difficult to cope within this environment. This was even more the case for many who felt that they had very little support available to them other than the occasional family member, especially at times when the problems were at their worst and when few people outside of the nuclear family knew of them.

These results reinforce the importance of ensuring that generalist professionals who are most likely to come into contact with such young people by virtue of their generalist role (e.g. GPs, youth workers, teachers, etc.) are well equipped to identify such young people and then to effectively intervene with them. The ENCARE website (www.encare.info) provides relevant information on both identification and interventions for such professionals; but there is a need for substantially more resources to be created and made available in this area.

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Acknowledgements: The help and support provided by the project partners is gratefully acknowledged: they were:, Emily Semmann (Germany), Christoph Lagemann, Dr Alfred Uhl (Austria), Teuvo Peltoniemi / Antti Järventaus (Finland), Dr Jozsef Racz (Hungary), Chris Murphy (Ireland), Heleen Riper / Barbara Conijn (Netherlands), Joan Camilleri (Malta), Dr Maria Zaluska (Poland), and Lidia Segura (Spain).. Thanks are to the European Commission's Daphne II Programme, which financed the project (Project no. 2004-1/059/YC). An especial thanks is due to the services and organisations who assisted the project in recruiting young people into study, and particularly to the young people themselves who told us so much and in such detail about their experiences.

Research Sponsor: The project ALC-VIOL this paper reports on has been funded by the European Commission's Daphne II Programme (Project no. 2004-1/059/YC).

Table 1: Demographic characteristics of ChAPAPs and comparison sample

	ChAPAPs (N=45)		Comparison sample (N=12)	
Mean age	14.89 (SD = 1.81)		13.58 (SD = 1.38)	
Gender	29 = female	16 = male	6 = female	6 = male
Parental alcohol problem[1]	30 = father	18 = mother	0	0
Parental mental health problem (in previous year)	4 = father	15 = mother	0	0

[1] In three cases both parents had alcohol problems.

Table 2: The four questionnaires used

Questionnaire	Items	Details
The Children of Alcoholics Screening Test (CAST; Clair and Genest, 1992; Pilat and Jones, 1985)	modified 29-item version	Allows the identification of ChAPAPs (cut-off score = 5) and the assessment of feelings and experiences related to parent's drinking behaviour
The Conflict Tactics Scales (CTS; Straus *et al.*, 2003)	CTS2-CA: 50 items (parent-parent); CTSPC-CA: 36 items (parent-child)	Child versions of the scales examining conflicts between parents, and between parents and child during the past 12 months.
The Youth Self-Report (YSR 11-18; Achenbach and Rescorla, 2001)	101 problem items	Assesses behavioural and emotional problems in the past 6 months.
KIDCOPE (Spirito *et al.*, 1988)	15 items	A clinical checklist (self-report form) to assess coping of children and adolescents; used twice in each interview to assess coping with "alcohol problems in the family" and coping with "physical fights in the family".

Table 3: Results of the modified Children of Alcoholics Screening Test (CAST; only for fathers [n = 30] and mothers [n = 19] with CAST score 5+)

Items of modified CAST	Number (and %) saying 'yes' for the item for 'Father'	Number (and %) saying 'yes' for the item for 'Mother'
1. Have you ever wished that a parent would stop drinking?	28 (93%)	19 (100%)
2. Have you ever thought that one of your parents had a drinking problem?	26 (87%)	17 (90%)
3. Have you ever heard your parents fight when one of them was drunk?	26 (87%)	16 (84%)
4. Have you ever felt alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking?	26 (87%)	15 (79%)
5. Have you ever thought a parent was an alcoholic?	26 (87%)	15 (79%)
6. Have you ever wished your home could be more like the homes of your friends who did not have a parent with a drinking problem?	25 (83%)	18 (95%)
7. Have you ever worried about a parent's health because of his or her alcohol use?	24 (80%)	18 (95%)
8. Have you ever resented a parent's drinking?	24 (80%)	17 (90%)
9. Have you ever felt like hiding or emptying a parent's bottle of alcohol?	22 (73%)	17 (90%)
10. Do many of your thoughts revolve around a problem-drinking parent or difficulties that arise because of his or her drinking?	21 (70%)	17 (90%)
11. Have you ever encouraged one of your parents to quit drinking?	20 (67%)	18 (95%)
12. Has a parent ever yelled at or hit you or other family members when drinking?	20 (67%)	13 (68%)
13. Have you ever feared that your parents would get divorced or split up due to your father's or your mother's alcohol misuse? (Or, if parents are divorced or separated, do you think this separation was due to your parent's alcohol problems).	20 (67%)	13 (68%)
14. Have you ever wished that you could talk to someone who could understand and help the alcohol-related problems in your family?	19 (63%)	15 (79%)
15. Have you ever argued or fought with a parent when he or she was drinking?	18 (60%)	18 (95%)
16. Have you ever lost sleep because of a parent's drinking?	17 (57%)	12 (63%)
17. Has a parent ever made promises to you that he or she did not keep because of drinking?	16 (53%)	12 (63%)
18. Did you ever feel caught in the middle of an argument or fight between your problem drinking father or your problem drinking mother and your other parent?	16 (53%)	10 (53%)
19. Have you ever protected another family member from a parent who was drinking?	15 (50%)	12 (63%)
20. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?	14 (47%)	16 (84%)
21. Have you ever withdrawn from and avoided outside activities and	14 (47%)	10 (53%)

Items of modified CAST	**Number (and %) saying 'yes' for the item for 'Father'**	**Number (and %) saying 'yes' for the item for 'Mother'**
friends because of embarrassment and shame over a parent's drinking problem?		
22. Have you ever stayed away from home to avoid the drinking parent or your other parent's reaction to the drinking?	13 (43%)	11 (58%)
23. Have you ever felt that a problem-drinking parent did not really love you?	13 (43%)	9 (47%)
24. Have you ever threatened to run away from home because of a parent's drinking?	9 (30%)	11 (58%)
25. Have you ever felt responsible for and guilty about a parent's drinking?	8 (27%)	12 (63%)
26. Have you ever taken over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?	8 (27%)	19 (53%)
27. Have you ever been blamed for a parent's drinking?	6 (20%)	9 (47%)
28. Have you ever felt that you made a parent drink alcohol?	5 (17%)	7 (37%)
29. Have you ever fought with your brothers and sisters about a parent's drinking?	5 (17%)	1 (5%)
Mean of items ticked (max. score = 29)	**16.80 (SD = 5.21)**	**20.42 (SD = 6.4)**
	Father	**Mother**

Notes: 1. This was a modified 29-item version of the Children of Alcoholics Screening Test with a cut-off score = 5; 2. Results include data for 19 mothers instead of 18, because 19 mothers scored above the cut-off of 5+ on the CAST, but one of them did not meet the other relevant criterion of actively drinking during the past 12 months and was therefore not included in the other analyses.

Table 4: Results from the CTS2-CA: Aggression and violence between parents during the past 12 months (comparing ChAPAPs with comparison sample)[1]

The young person experienced <u>at least one form of</u> … during the past 12 months:		**ChAPAPs (n=41)**		**Comparison sample (n=9)**	
Scale		Father against mother: number (and %)	Mother against father: number (and %)	Father against mother: number (and %)	Mother against father: number (and %)
Psychological Aggression	Minor	37 (90%)	34 (83%)	5 (56%)	5 (56%)
	Severe	20 (49%)	13 (32%)	2 (22%)	1 (11%)
Physical Assault	Minor	22 (54%)	14 (34%)	1 (11%)	1 (11%)
	Severe	15 (37%)	9 (22%)	0 (0%)	1 (11%)
Injuries		13 (32%)	8 (20%)	0 (0%)	0 (0%)
<u>Example</u>: 54% of ChAPAPs report having experienced at least one form of Minor Physical Assault by their father against their mother, during the past 12 months. This is a total of 22 ChAPAPs out of the 41 for whom we have data on this scale.					

[1] The number of cases are smaller than the total sample in both cases because only children who had been living together with two parents could complete this questionnaire.

Table 5: Results from the CTSPC-CA: Aggression and violence between my parents and me during the past 12 months (comparing ChAPAPs with comparison sample) [1]

The young person experienced <u>at least one form of</u> … during the past 12 months:		**ChAPAPs**		**Comparison sample**	
Scale		Father against child: number (and %) (n=42)	Mother against child: number (and %) (n=43)	Father against child: number (and %) (n=9)	Mother against child: number (and %) (n=12)
Psychological Aggression		31 (74%)	31 (72%)	5 (56%)	7 (58%)
Physical Assault	Minor	20 (48%)	15 (35%)	3 (33%)	3 (25%)
	Severe	9 (21%)	6 (14%)	0 (0%)	0 (0%)
	Extreme	5 (12%)	4 (9%)	0 (0%)	0 (0%)
<u>Example</u>: 21% of ChAPAPs report having experienced at least one form of Severe Physical Assault by their father against themselves, during the previous 12 months. This is a total of 9 ChAPAPs out of the 42 for whom we have data relating to their fathers on this scale.					

[1] The number of cases are smaller than the total sample in both cases because only children who had been living together with two parents could complete this questionnaire.

Table 6: Results from the Youth Self-Report: Behavioural and emotional problems affecting young people living with parental alcohol and domestic abuse (N=45)

Group or scale	Borderline Clinical Range			Clinical Range		
	Boys (n=16)	**Girls (n=29)**	**Total (N=45)**	**Boys (n=16)**	**Girls (n=29)**	**Total (N=45)**
INTERNALISING	0	5 (17%)	5 (11%)	4 (25%)	6 (21%)	10 (22%)
Anxious/depressed	2 (13%)	4 (14%)	6 (13%)	0	1 (3%)	1 (2%)
Social withdrawal	2 (13%)	4 (14%)	6 (13%)	1 (6%)	2 (7%)	3 (7%)
Somatic complaints	0	5 (17%)	5 (11%)	3 (19%)	0	3 (7%)
EXTERNALISING	2 (13%)	6 (21%)	8 (18%)	3 (19%)	4 (14%)	7 (16%)
Rule-breaking behaviour	0	3 (10%)	3 (7%)	1 (6%)	2 (7%)	3 (7%)
Aggressive behaviour	0	2 (7%)	2 (4%)	3 (19%)	0	3 (7%)
FURTHER SCALES[1]						
Social problems	0	1 (3%)	1 (2%)	1 (6%)	2 (7%)	3 (7%)
Thought problems	0	3 (10%)	3 (7%)	1 (6%)	2 (7%)	3 (7%)
Attention problems	2 (13%)	4 (14%)	6 (13%)	1 (6%)	2 (7%)	3 (7%)
TOTAL PROBLEMS	**1 (6%)**	**5 (17%)**	**6 (13%)**	**4 (25%)**	**6 (21%)**	**10 (22%)**

[1] Three further scales do not add into either of the two groups (Internalising, Externalising) although they do add into the Total Problems score.

Table 7: Results from KIDCOPE in relation to coping with ”alcohol problems in the family”: Rankings of ”Frequency of use” and ”Effectiveness if strategy was used”

Statements	Coping Strategies	Frequency of use	Effectiveness if used
1. try to feel better by spending time with others such as family, grown-ups or friends	1. Social support	Rank 1	Rank 1
2. wish the problem had never happened	2. Wishful thinking	Rank 2	Rank 6
3. wish you could make things different			
4. try to sort the problem out by thinking of answers	3. Problem solving	Rank 3	Rank 2
5. try to sort it out by doing something or talking to someone about it			
6. shout, scream, get angry	4. Emotional regulation	Rank 4	Rank 4
7. try to calm yourself down			
8. try to forget it	5. Distraction	Rank 5	Rank 3
9. do something like watch telly or play a game to forget it			
10. stay on your own	6. Social withdrawal	Rank 6	Rank 7
11. keep quiet about the problem			
12. try to see the good side of things	7. Cognitive restructuring	Rank 7	Rank 5
13. blame someone else for causing the problem	8. Blaming others	Rank 8	Rank 8
14. do nothing because the problem could not be solved	9. Resignation	Rank 9	Rank 10
15. blame yourself for causing the problem	10. Self-criticism	Rank 10	Rank 9